

Earnings for Requalification Questionnaire - Employer

Claimant Information:

Last Name: _____ First Name: _____ MI: _____ SSN: _____

Employer Name: _____ Employer Account #: _____

A determination regarding the claimant's eligibility for unemployment insurance benefits is dependent upon whether or not the wages he/she received from employment since _____ have been, or will be, reported under the provisions of the Federal Insurance Contributions Act (FICA) for Federal Social Security tax purposes.

Please list the wages by week (Sunday through Saturday) for the period of time the claimant worked since the date indicated above.

Please complete, sign and return this questionnaire to the Illinois Department of Employment Security Office as instructed. *If you need additional space, please use the other side of this document, if appropriate, or attach a separate sheet of paper.*

This state agency is requesting information that is necessary to accomplish the statutory purpose as outlined in 820 ILCS 405/100-3200. Disclosure of this information is voluntary. However, failure to disclose this information may result in the erroneous payment of Unemployment Insurance benefits which may affect the amount of your liability for contributions or payments in lieu of contributions.

Thank you for your cooperation in this matter.

Section A: Requalification Information			
Employer Name: _____			
Address 1: _____		Address 2: (Apt., Floor, Suite, etc.) _____	
City: _____	State: _____	Zip Code: _____	
Telephone Number: () - _____		Pay Period End Date / / _____	
Week Ending Date (Saturday)		Gross Wages Earned	
/ / _____		\$ _____	
/ / _____		\$ _____	
/ / _____		\$ _____	
/ / _____		\$ _____	
/ / _____		\$ _____	
Were or will these wages be reported under the provisions of the Federal Insurance Contributions Act (FICA) (for Social Security Tax purposes)? Yes No			
Please attach a copy of proof of employment or earnings.			
Has there been a reason of separation from employment (such as discharge, voluntary leave, or refusal of work) followed by reinstatement with the same employer? Yes No			
If no, skip to Section B. If yes, provide employment information below			
Date Discharged: / / _____		Date Reinstated: / / _____	
What was the claimant's most recent reason for separation from your employment? <i>(If other than lack of work, explain)</i> <div style="display: flex; justify-content: space-around;"> Lack of Work Discharge Voluntary Leaving Other </div>			
Section B: Signature			
Signature: _____		Date: _____	
Name: (printed) _____		Telephone Number: _____	
Title: _____		Ext.: _____	